PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

DIVALISICONI

CLAIMS AS FILED - PART I (Column 1)					(Colur	mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			/				Г	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA	В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=					X\$ 9=		OR	X\$18=	-
INDEPENDENT CLAIMS			/ minus 3 =		*			X40=		OR	X80=	. ,
MULTIPLE DEPENDENT CLAIM PRESENT							r	+135= /		OR	+270=	y
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	_	TOTAL	355	OR	TOTAL	121
CLAIMS AS AMENDED - PART					T II			,			OTHER	
		(Column 1) CLAIMS		(Colur		(Column 3)		SMALL E		OR	SMALL	
AMENDMENT A	, and	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1 181	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	517 25 4 5
AME	Independent	NTATION OF MI	Minus *** N OF MULTIPLE DEPENDEN		E CL AIM	=		X40=		OR	× X80=	1
ليا	THOTTHEOL	TOTALION OF IM	JETH LE DEI	LIVOLIV	OLPANIA			+135=		OR	+270=	
							ΔΓ	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	AL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	REMAINING PF		IIGHEST IUMBER PRESENT EVIOUSLY EXTRA AID FOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	· · · · · · · · · · · · · · · · · · ·
	FIRST PRESE	NTATION OF MI	JUIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
							Δ.	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	AL	,D11.1 LL •			ADDIT: TEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL A184	=		X40=		OR	X80=	* *
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						\	+135=		OR	+270=	
**	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR	TOTAL ADDIT. FEE	
		mber Previously P nber Previously Pa						DIT. FEE	propriate bo	x in co		